8879

(Rev. January 2021

IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

below.

Taxpayer's name	Social security number
RAMESH NAAMALA	688-87-3177
Spouse's name	Spouse's social security number
SWAPNA VENGALA	984-99-6032
Part I Tax Return Information - Tax Year Ending December 31, 2023 (Enter	r year you are authorizing.)
Enter whole dollars only on lines 1 through 5.	
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.	
1 Adjusted gross income	1 20,122
2 Total tax	2 0
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 2,673
A Amount you want refunded to you	A 2 672

Part	Taxpayer D)ec	cla	rat	tior	1 a	in	d	Si	gna	atu	ire	A	uth	or	iza	tio	n (Be	รเ	ire	yo	u g	get	ta	nd	ke	ep	a	CO	ру	of	your return)	
5	Amount you owe		•		•			•		•	•	•						•				•		•								5		
4	Amount you want	ren	unc	1ec		yc	JU		•	•	•	•		•		•		•		•		•	•	•	•		•	•		•		-	2,61.	3

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only 3 7 7 X lauthorize GLOBAL TAXES LLC to enter or generate my PIN as mv Enter five digits, but ERO firm name signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Date 0122 2024 Your signature Spouse's PIN: check one box only X lauthorize GLOBAL TAXES LLC 9 0 2 to enter or generate my PIN 6 3 as my ERO firm name Enter five digits, but signature on the income tax return (original or amended) I am now authorizing. I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III

Spouse's	signature D	ate										
	Practitioner PIN Method Returns Only—continue	bel	ow									
Part III	Certification and Authentication – Practitioner PIN Method Only											
ERO's EF	IN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	2	2	2	4	9	6	0	8	2	7	1
					Dor	n't er	nter a	all ze	ros			

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ►		Date ►	
	Retain This Form — See Form to the IRS Unless		
For Paperwork Reduction Act Notice, see your tax retu	urn instructions. BAA	REV 01/12/24 PRO	Form 8879 (Rev. 01-2021)

For the year Jan	. 1-Dec	. 31, 2023, or other tax year beginning		, 2023, end	ding		, 20		See sep	arate instr	uctions.
Your first name			Last n					,	Your so	cial security	y number
RAMESH	und m		NAA	MALA					688	87 31	177
If joint return, s	ouse's	first name and middle initial	Last n	ame				1	Spouse'		urity number
CHA DNA				GALA					984	99 60	032
Home address	numbe	r and street). If you have a P.O. box, see	instruc	tions.			Apt. no.				on Campaign
6759 S C	LUME	BER CT			1					ere if you,	
City, town, or p	ost offic	e. If you have a foreign address, also co	mplete	spaces below.	State		ZIP code				tly, want \$3 Checking a
WEST JOF	DAN				UT		84084		box bel	ow will not	
Foreign country	name			Foreign province/state/	county		Foreign posta	al code	your tax	or refund.	
						7		010			Spouse
Filing Status	_	Single			L	Head of ho	usenoia (H	OH)			
Check only	_	Married filing jointly (even if only o	ne had	l income)	Г	Qualifying s	undular or				
one box.		Married filing separately (MFS)								ild's name	if the
		ou checked the MFS box, enter the alifying person is a child but not you		and anti-							
Digital		y time during 2023, did you: (a) rec									F7
Assets	exch	ange, or otherwise dispose of a dig	ital ass	set (or a financial inter	est in a	a digital asset)	? (See inst	ruction	s.)	Ves	X No
Standard	Som	eone can claim: 🗌 You as a de	epende	nt 🗌 Your spous	e as a	dependent					
Deduction		pouse itemizes on a separate retur	n or yo	ou were a dual-status	alien						
ge/Blindness	You:	Were born before January 2, 1	959	Are blind Spo	ouse:	U Was born	before Jar	nuary 2,	1959	🗌 is bl	lind
Dependents	(see	instructions):		(2) Social security	v	(3) Relationship	(4) Chec	k the box	x if quali	fies for (see	instructions):
f more		rst name Last name		number	,	to you		d tax cre	dit	Credit for ot	her dependents
han four	-	×				-	Cartal State				
dependents,											
see instructions and check	,										
here 🗌											
Income	1a	Total amount from Form(s) W-2, b		PROVENTIAL AND					1a	· :	19,868.
Attach Form(s)	b	Household employee wages not r	eporte	d on Form(s) W-2 .					16		
N-2 here. Also	C	Tip income not reported on line 1a							10		
attach Forms N-2G and	d	Medicaid waiver payments not rep			instruc	tions)		• • •	10		
1099-R if tax	е	Taxable dependent care benefits			•••			• • •	16		
was withheld.	f	Employer-provided adoption bene						• • •	11		
f you did not get a Form	g	Wages from Form 8919, line 6 .				• • • •	• • • •		10		0
W-2, see	h	Other earned income (see instruct					$1 \cdot \cdot \cdot$	• •	11	101	0.
nstructions.	1	Nontaxable combat pay election (see ins	structions)	•	<u>1</u> i			_	LIN.	10 060
	z	Add lines 1a through 1h	2a		 ь т.,	xable interest			12		19,868. 254.
Attach Sch. B f required.	2a		2a 3a				 da		21		234.
	<u>3a</u>		4a			dinary dividen xable amount			31		
andard	4a 50		5a			xable amount			41		
eduction for-	5a		6a			xable amount			51		
Single or Married filing	ба с	Social security benefits If you elect to use the lump-sum e		method check here			• • •	· · ·		,	
separately, \$13,850	7	Capital gain or (loss). Attach Sche						· · L	7		
Married filing ointly or	8	Additional income from Schedule						L	8		
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7							9		20,122.
surviving spouse, \$27,700	10	Adjustments to income from Sche							10		
Head of household,	11	Subtract line 10 from line 9. This is							1		20,122.
\$20,800	12	Standard deduction or itemized		-					12		27,700.
If you checked any box under	13	Qualified business income deduct				-A .			15		
Standard Deduction,	14	Add #							14		27,700.
see instructions.	15	Subtract line 14 from line 11. If ze					Ð		15		0.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (202		Tax (see instructions). Check if	any from Form	(s): 1 881	4 2 4972	3 🗌	. 16	Page 2
Tax and	16	Amount from Schedule 2, line	3		4 2 1 4372	•••••••••••••••••••••••••••••••••••••••	. 17	0.
Credits	17						. 18	0.
	18	Add lines 16 and 17 Child tax credit or credit for ot	her dependen	ts from Sched	ule 8812		. 19	0.
	19	Amount from Schedule 3, line	8				20	
	20	Add lines 19 and 20					21	
	21	Subtract line 21 from line 18. If	zero or less.	enter -0-			22	0.
	22	Other taxes, including self-em	ployment tax.	from Schedule	2. line 21		23	0.
	23 24	Add lines 22 and 23. This is yo	ur total tax				24	0.
		Federal income tax withheld fr					0.000	
Payments	25	Form(s) W-2				25a 2,0	573.	
	a b	Form(s) 1099				25b		
		Other forms (see instructions)				25c		
	c	Add lines 25a through 25c .					25d	2,673.
	d	2023 estimated tax payments			 122 return		26	2,0,01
you have a	26	Earned income credit (EIC) .				27		
ualifying child, ttach Sch. EIC.	27				110 .	28		
	28	Additional child tax credit from				29		
	29	American opportunity credit fro				30		
	30	Reserved for future use				31		
	31	Amount from Schedule 3, line					32	
	32	Add lines 27, 28, 29, and 31. T					33	2,673.
	33	Add lines 25d, 26, and 32. The						2,673.
Refund	34	If line 33 is more than line 24, s						2,673.
	35a	Amount of line 34 you want re		1. If Form 8888	(0000) (0		Constanting of the second	27075.
Direct deposit? See instructions.	b				с Туре: ⊠ 5 9	Checking Sa	vings	
	d		1 1 1					
	36	Amount of line 34 you want ap	and all the second second	3		36		
Amount	37	Subtract line 33 from line 24. T					07	
You Owe		For details on how to pay, go t					37	
	38	Estimated tax penalty (see inst				38		
Third Party		you want to allow another p	erson to disc	cuss this retui	n with the IRS?		plete below.	XNo
Designee		signee's		Phone		1 T	l identification	
	nar			no.		number		
Sign	Une	der penalties of perjury, I declare that	I have examine	d this return and	accompanying scheo	dules and statements, a	and to the best	of my knowledge and
Here	beli	ef, they are true, correct, and comple	ete. Declaration	of preparer (othe	r than taxpayer) is ba	sed on all information of	of which prepar	er has any knowledge
here	You	ır signature		Date	Your occupation			nt you an Identity
	1	and			IN, enter it here			
oint return?		8 - 3			SOFTWARE E		(see inst.)	
See instructions.	Spo	ouse's signature. If a joint return, bot	th must sign.	Date	Spouse's occupati	on		nt your spouse an ection PIN, enter it he
our records.							(see inst.)	Bouldri i iii, antor it no
	Pho	neno. (860)414-2041		Email address		(@GMAIL.COM		
	_		reparer's signat		TATILOIT, INCO		TIN	Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM S					02082703	Self-employed
Preparer				IGEN DAGAN	GOLIA IAUDAM	01/19/2024 P	1	
	Firm	n's name GLOBAL TAXE					Phone no.	(678)965-9522
Jse Only		n's address 245 ROONEY		NEWTOR M	J 08816		Firm's EIN	84-3171965

40301 1555	All state i childre	ividual income tax en and indiv	Tax Commission Income Tax R dollars support educa viduals with disabilities rn - enter code:	tion, s.	2023 TC-40 ™™
Your Social Security No. Your first name 688873177 RAMESH Spouse's Soc. Sec. No. Spouse's first name 984996032 SWAPNA Address If deceased, complete page 3, Part 1 WEST JORD	Your last name NAAMALA Spouse's last na VENGALA UMBER CT State		Telephone 860-4 Foreign co	number $\frac{14 - 2041}{10000000000000000000000000000000000$	
 Filing Status - enter code = Single 2 = Married filing jointly = Married filing separately = Head of household = Qualifying surviving spouse If using code 2 or 3, enter spouse's name and SSN above 	 2 Qualifying Dependents a Dependents age 16 ar b Other dependents c Dependents born in 20 d () Total (add lines a, b ar See instructions. 	023	Enter the code fo party of your choi See instruction	ase your tax or re r the You ice. s for go to incomet	duce your refund. rself Spouse • ax.utah.gov/elect.
4 Federal adjusted gross income from feder	ral return			• 4	20122
5 Additions to income from TC-40A, Part 1	(attach TC-40A, page 1)			• 5	
6 Total income - add line 4 and line 5				6	20122
7 State tax refund included on federal form	1040, Schedule 1, line 1 (if any)			• 7	
8 Subtractions from income from TC-40A, F	Part 2 (attach TC-40A, page 1)			• 8	
9 Utah taxable income/loss - subtract the	sum of lines 7 and 8 from line 6			• 9	20122
10 Utah tax - multiply line 9 by 4.65% (.0465) (not less than zero)			• 10	936
11 Utah personal exemption (multiply line 2d	by \$1,941)	• 11	0	Flor	Annalia Glima
12 Federal standard or itemized deductions		• 12	27700	is qu	tronic filing ick, easy and
13 Add line 11 and line 12		13	27700		e, and will up your refund.
14 State income tax included in federal itemi	zed deductions	• 14		То	earn more,
15 Subtract line 14 from line 13		15	27700	ta	go to p.utah.gov
16 Initial credit before phase-out - multiply lin	e 15 by 6% (.06)	• 16	1662	L	
17 Enter: \$16,742 (single or married filing se		• 17	33484		•
household); or \$33,484 (married fil 18 Income subject to phase-out - subtract lin	ing jointly or qualifying surviving spo e 17 from line 9 (not less than zero)		0		
19 Phase-out amount - multiply line 18 by 1.3	3% (.013)	• 19	0		
20 Taxpayer tax credit - subtract line 19 from	line 16 (not less than zero)			• 20	1662
21 If you are a qualified exempt taxpayer, en	ter "X" (complete worksheet in instr)•21	x _		
22 Utah income tax - subtract line 20 from li REV 11/30/23 PRO	ne 10 (not less than zero)		•	• 22	0

40	Uta 302 SSN	ah Individual Income 688873177	Tax Return (co	ntinued) NAAMALA	INTUIT	TC-40 2023		Pg. 2
23	Enter tax from	m TC-40, page 1, line 22	-			23		0
24	Apportionabl	le nonrefundable credits from	TC-40A, Part 3 (attach	TC-40A, page 1)		• 24		
25	Full-year resi	ident, subtract line 24 from lin year resident, complete and e	e 23 (not less than zer	o) m TC-40B, line 41		• 25		0
26	Non or Part-y Nonapportion	nable nonrefundable credits fr	om TC-40A, Part 4 (at	tach TC-40A, page 1)		• 26		
27	Subtract line	26 from line 25 (not less than	zero)			27		0
28	Voluntary cor	ntributions from TC-40, page	3, Part 4 (attach TC-40	, page 3)		• 28		
29	AMENDED R	RETURN ONLY - previous ref	und			• 29		
30	Recapture of	low-income housing credit				• 30		
31	Utah use tax					• 31		
32	Total tax, us	e tax and additions to tax (add lines 27 through 31))		32		0
33				pass-through entity withholding,		• 33		964
34		ge 3, Part 5. If not, enter on lin ah income taxes prepaid from				• 34		
35	AMENDED F	RETURN ONLY - previous pa	yments			• 35		
36	Nonapportior	nable refundable credits from	TC-40A, Part 5 (attach	TC-40A, page 2)		• 36		
37	Apportionable	e refundable credits from TC-	40A, Part 6, line c (atta	ich TC-40A, page 2)		• 37		
38	Total withhold	ding and refundable credits -	add lines 33 through 37	,		38		964
39	TAX DUE - s	ubtract line 38 from line 32 (n	ot less than zero)			• 39		
40	Penalty and i	interest (see instructions)				40		
41	TOTAL DUE	- PAY THIS AMOUNT - add I	ine 39 and line 40			• 41		
42	REFUND - su	ubtract line 32 from line 38 (n	ot less than zero)		,	• 42		964
43		otractions from refund (not gre	eater than line 42)			• 43		
44				ation (see instructions for foreign 385018749159	accounts) Type:	checking saving X	js •	foreign

SIGN Your HERE	signature	Date 1/21/24	Spouse's signature (if filing jointly)	Date
Third Party Designee	Name of designee (if any) you authorize to disc	cuss this return	Designee's telephone number	Designee PIN
	Preparer's signature	Date	Preparer's telephone number	Preparer's PTIN
Paid	SYAM PRIYA RAM SAGAL	R G 01/19/2	6789659522	• P020827
Preparer's	FT 1	ES LLC		Preparer's EIN
Section	and address 245 ROONEY			· 8431719
	E BRUNSWIC	<	NJ 08816	

Attach page 3 if you: are filing for a deceased taxpayer, are filing a fiscal year return, filed IRS form 8886, are making contributions, want to deposit into a my529 account, want to apply all/part of your refund to next year's taxes, have mineral production or pass-through entity withholding, or no longer qualify for a homeowner's exemption. REV 11/30/23 PRO

403	Part 1 - Utah Withholding Tax Schedule809SSN688-87-3177Last nameN	AAMALA TC-40W Pg. 1 2023
	Ine Explanations	IMPORTANT
1 2 3 4 5 6 7	Employer/payer ID number from W-2 box "b" or 1099 Utah withholding ID number from W-2 box "15" or 1099 (14 characters, ending in WTH, no hyphens) Employer/payer name and address from W-2 box "c" or 1099 Enter "X" if reporting Utah withholding from form 1099 Employee's Social Security number from W-2 box "a" or 1099 Utah wages or income from W-2 box "16" or 1099	Do not send your W-2s or 1099s with your return. Instead enter W-2 or 1099 information below, but only if there is Utah withholding on the form. Use additional forms TC-40W if you have more than four W-2s and/or 1099s with Utah withholding tax. Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W.
Fir	st W-2 or 1099	Second W-2 or 1099
1	550909860	1
2	14957915003WTH (14 characters, no hyphens)	2 (14 characters, no hyphens)
3	BIOINFO SYSTEMS LLC 10 COLUMBUS BLVD 10TH FLOOR	3
	HARTFORD CT06106	
4		4
5	688873177	5
6	19868	6
7	964	7
T	nird W-2 or 1099	Fourth W-2 or 1099
2	(14 characters, no hyphens)	2 (14 characters, no hyphens)
3		3
4		4
5		5
6		6
7		7

Total Utah withholding tax from all lines 7:

If you have nothing to enter on TC-40W, page 2, enter this total on TC-40, page 2, line 33. If you have entries on TC-40W, page 2, enter this total on TC-40, page 3, Part 5, line 1.

Submit page ONLY if data entered.

964

Attach completed schedule to your Utah Income Tax Return.

Do not attach W-2s or 1099s to your Utah return.

REV 11/30/23 PRO